DOCUMENT RESUME

ED 381 520 SP 035 897

TITLE	Criteria for Evaluating an AIDS Curriculum. Third Edition.
INSTITUTION	National Coalition of Advocates for Students, Boston, MA.
REPORT NO	ISBN-1-880002-02-7
PUB DATE	92
NOTE	35p.
AVAILABLE FROM	National Coalition of Advocates for Students, 100 Boylston St., Suite 737, Boston, MA 02116-4610.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Acquired Immune Deficiency Syndrome; Check Lists; Community Involvement; Curriculum Development; *Curriculum Evaluation; Developmental Stages; *Disease Control; Elementary Secondary Education; *Evaluation Criteria; *Health Education; Prevention; Staff Development

ABSTRACT

This booklet presents a set of criteria that can be used to evaluate and compare curricula for the teaching of Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV). The criteria are arranged in a checklist covering curriculum content and curriculum development/implementation. The booklet discusses developmental characteristics of students at different grade levels and appropriate approaches to HIV education in those grades, from kindergarten through grade 12. Information that should be communicated to all adolescents is provided. A staff training program and strategies for parent and community involvement are also outlined. The booklet recommends that HIV and AIDS instruction take place within a comprehensive health education program that establishes a foundation for understanding the relationship between health and behavior. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

SP

CRITERIA FOR EVALUATING AN AIDS CURRICULUM

ED 381 520

"PERMISSION TO REPRODUCE THIS MATERIAL IN **OTHER THAN PAPER COPY** HAS BEEN GRANTED BY

K Hartke

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

National Coalition of Advocates for Students

S1035847

BEST COPY AVAILABLE

1992

National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, MA 02116-4610
(617)357-8507

NCAS thanks the many people who have reviewed this document and made suggestions based on their firsthand experience teaching, counseling, and parenting young people. We are especially grateful to Robert White, Betty Pagan, and the late Mary Lee Tatum who met together in February 1987 to outline the content of this document. We also wish to thank Mary Walsh who has added to this revision her research findings on the development of children's conceptions of illness.

ISBN: 1-880002-02-7

CONTENTS

Foreword to Third Edition	3
Criteria for Evaluating an AIDS Curriculum	5
Section A: Matching Approaches to HIV Education with Childhood Development	9
Section B: What Adolescents Should Know About AIDS And HIV	19
Section C: Staff Training	25
Section D: Parental and Community Involvement	29
Other NCAS Publications	33

FORWARD TO THIRD EDITION

When five people met in early 1987 to draft the first edition of ***Criteria for Evaluating an AIDS Curriculum***, school staff around the country were just beginning to realize that they had a responsibility to include HIV education in the school program. At the time, few teachers and administrators knew enough about the epidemic to choose from the AIDS curricula then appearing on the market. This booklet was developed to guide them in making those choices.

The shifting patterns of the epidemic that were just becoming apparent in 1987 are now disturbingly clear. HIV has taken root in our nation's adolescent population. Between January 1990 and January 1992, the number of US teenagers diagnosed with AIDS increased by 171%. A disproportionate number of these adolescents are African-American or Latino. The epidemic has now spread far beyond a few urban epicenters. In fact, between 1989 and 1990, diagnosed cases of AIDS in rural areas increased by 37%, compared to a 5% increase in metropolitan areas. As HIV infection spreads further into the American population, the percentage of cases acquired by heterosexual contact also increases.

As of March 1992, 32 states (and the District of Columbia) have mandated that HIV education be included in the school curriculum. Paralleling this increased commitment to educating school-age youth about HIV is an ever greater array of educational materials. Some, in NCAS' opinion, are educationally sound and medically accurate; others are confusing, incomplete, and ineffective; still others are inaccurate, biased, and potentially harmful.

This booklet presents a set of criteria that can be used to evaluate and compare HIV curricula. It includes developmental characteristics of students at different grade levels and appropriate approaches to HIV education in those grades. An effective staff

training program and strategies for parent and community involvement are also outlined. This is our second revision. Since 1987, 17,000 copies of the first two editions have been disseminated. School administrators and teachers have used it to select HIV education materials. Curriculum developers have used its guidelines in writing new curricula. Parents have used it to advocate for quality HIV education programs for their children. National, state, and local organizations, as well as individual trainers have included it in numerous policy manuals and HIV training packets.

Since its first draft, ***Criteria*** has been a work in progress. It has been fine-tuned, then fine-tuned again. It reflects the input of numerous educators, parents, child development experts, representatives of communities of color, advocates, and youth.

This newest revision further fine-tunes the document. While most changes highlight themes present from earlier versions, the points of increased emphases are subtle, but important:

- HIV education should take place in the context of a larger program of comprehensive school health education.
- Peer education is an important component of HIV education.
- All youth, both gay and straight, need accurate information delivered in a straightforward, nonjudgemental way.
- HIV infection should be presented as a spectrum of disease.
- Adolescents have special needs in relation to HIV test counseling and support.

NCAS hopes that you will find ***Criteria*** helpful in setting standards for an HIV education program that equips students with accurate information, then teaches them the necessary skills to make healthy decisions.

CRITERIA FOR EVALUATING AN AIDS CURRICULUM

Adolescents and young adults are at risk for infection with the human immunodeficiency virus (HIV) that causes acquired immunodeficiency syndrome (AIDS). At least 50% of all teenagers are sexually active; most will have more than one sexual partner, and some teenagers will experiment with drugs. Regardless of whether adults approve of these behaviors, young people's lives are at risk. Schools must assume a key role in teaching youth the information and skills they need to avoid contracting this deadly disease.

Instruction about HIV, AIDS, and other sexually transmitted diseases (STDs) should take place within a K-12 comprehensive health education program that establishes a foundation for understanding the relationship between health and behavior. Such a program should address sexuality, injury prevention, drug and alcohol abuse, exercise, nutrition, and tobacco use, in addition to HIV and AIDS. Each component of such a sequential course of study should reinforce decision making, assertiveness, and communication skills learned in previous units.

The goal of health education must be to help students adopt healthy behaviors. A skill-based approach is critical because knowledge alone is insufficient. The HIV component should present the positive aspects of sexuality as well as the risks. It must be appropriate to the chronological and developmental age of the student as is suggested in Section A and should be taught in groups of 20 or fewer students.

The following checklist can assist parents, child advocates, school board members, teachers, and administrators in evaluating existing HIV curricula and in advocating for the establishment of high quality HIV education programs.

CURRICULUM CONTENT

An effective HIV curriculum should elicit "yes" answers to these questions:

____Does the curriculum allay young children's unwarranted fears of AIDS?

____Does the curriculum give young children a foundation for a more detailed discussion of sexuality and health at the fifth grade level and later?

____For students in grades six and higher, does the curriculum give simple, clear, and direct information about HIV transmission and prevention? (See Section B)

____By identifying high-risk behaviors rather than high-risk groups, does the curriculum strongly convey the message that ANYONE who engages in risk behaviors can become infected with HIV regardless of race, gender, age, or sexual orientation?

____Does the curriculum focus on teaching students how to make healthy decisions about sex and drug use and not on simply providing information about the medical aspects of HIV and AIDS?

____Does the curriculum present the material in a manner that does not judge or preach?

____Does the curriculum affirm that it is natural for people to have sexual feelings?

____Are students taught how to assess their own personal risk of HIV infection?

____Does the curriculum help students acquire the necessary self-esteem and assertiveness to choose to abstain from sexual intercourse?

____Does the curriculum inform all students about effective ways to prevent infection if they become sexually active, including information about condoms, their correct use, ways to obtain them, and how to discuss condom use with sexual partners?

____Does the curriculum discuss same-gender as well as opposite-gender sexual activity in a straightforward, nonjudgmental way?

____Do any pictures or stories reflect people of different races and ethnic groups? Do they reflect different types of family configurations?

____Are several class periods provided to give students multiple opportunities to rehearse making healthy decisions about risk behaviors based on the information they have learned about AIDS and other STDs?

• • • • DEVELOPMENT AND IMPLEMENTATION

____Is the curriculum updated regularly to incorporate new information as it becomes available?

____Does the curriculum involve students in the HIV education of their peers?

____Does the program provide for adequate staff training to teach the curriculum? (See Section C)

____Are staff helped to examine their own attitudes about sexuality and AIDS?

____Are staff given accurate and detailed information about HIV and other STDs?

____Are staff taught the necessary skills to teach an HIV curriculum effectively?

____Is the same information given to limited-English proficient students in their own language?

____Is an appropriate teaching strategy used to educate students with hearing and visual impairments and students with severely disabling conditions?

____Are materials written on a reading level appropriate to the students in the class?

____Do teachers have the necessary backing of parents and administrators to teach sensitive material in a direct manner?

____Have specific school policies been established to support HIV education?

____Has sufficient community and parental support been generated?

____Does the curriculum facilitate an ongoing dialogue with parents on these issues? (See Section D)

SECTION A .....

MATCHING APPROACHES TO HIV EDUCATION WITH CHILDHOOD DEVELOPMENT

An effective HIV education program will be developmentally based. Very young children do not understand cause or prevention. They need their fears allayed. Fourth and fifth graders can understand causes and "non-causes" of disease but are generally too young to understand how certain behaviors cause disease. Instruction can focus on identifying and differentiating what does and does not cause AIDS. By sixth or seventh grade, however, students can begin to understand illness as a syndrome and how specific causes result in HIV infection. Prevention must be emphasized at this level.

Students in a particular grade will vary widely in their emotional, physical, and cognitive development. Teachers are urged to individualize their teaching where appropriate, while keeping in mind that the following statements may characterize the majority of their students.

DEVELOPMENTAL CHARACTERISTICS OF STUDENTS

Grades K through Three

Students are likely:

- to be egocentric; that is, they view the world from their own perspective, making little distinction between their own points of view and those of others;
- to develop some independence from parents and gradually to orient toward peers;
- to be curious about external body parts;
- to be highly competitive and capable of unkindness to each other;
- to understand information in terms of their own experiences;
- to perceive cause and effect in terms of mere happenstance;
- to trust the information given to them by authority figures;
- not to understand the sexual terms and events they discuss.

Grades Four and Five

Students are likely to be:

- in different stages of prepuberty and early puberty;
- becoming aware of sexual feelings and desires--either in themselves or in others--and confused about them;

- increasingly sensitive to peer pressure;
- capable of concern for others;
- exploring sex roles;
- interested in learning about sexuality and human relationships;
- able to discuss human sexuality;
- still confused between what really is and what might be possible;
- able to internalize rules and know what is right or wrong according to those rules;
- able to perceive only linear, unidirectional, cause-effect relationships;
- interested in discrete lists of causes and "non-causes" of illnesses;
- interested in internal body parts; perceiving the body as a collection of discrete parts;
- focused on concrete aspects of body parts, such as size, color, and shape.

Grades Six through Nine

Students are likely to be:

- engaged in a search for identity (including sexual identity);
- asking "Who am I?" and "Am I normal?";

- very centered on self;
- influenced by peer attitudes;
- concerned about and experimenting with relationships between boys and girls;
- confused about the range of heterosexual and homosexual feelings many of them will have experienced;
- worried about the changes in their bodies;
- interested in internal body functioning and able to view body as an integrated system;
- able to understand that behavior has consequences, but may not believe that the consequences could happen to them;
- fearful of asking questions about sex that might make them appear uninformed;
- beginning to understand complex relationships between multiple causes and multiple effects with regard to illness; that is, to understand the concept of "interaction;"
- beginning to understand the notion of prevention.

Grades 10 through 12

Students are likely to be:

- still struggling for a sense of personal identity, especially those students who are confused about their sexual identities;
- thinking that they "know it all;"

- seeking greater independence from parents;
- still heavily influenced by peers, but open to information provided by trusted adults;
- near the end of this period, beginning to think about establishing more permanent relationships;
- experiencing a sense of denial about their vulnerability to AIDS and other dangers;
- sexually active.

APPROPRIATE APPROACHES TO HIV EDUCATION

Grades K through Three

The primary goal at this level is to allay children's unwarranted fears of AIDS and to establish a foundation for understanding the relationship between health and behavior.

- Information about AIDS and HIV should be included in the larger curriculum on body appreciation, wellness, sickness, friendships, assertiveness, family roles, and different types of families.
- Children should be encouraged to feel positively about their bodies and to know their external body parts and the differences between girls and boys. Teachers should answer their questions about how babies are conceived, born, and how they develop.

- AIDS should be defined simply as a very serious disease that afflicts some adults and teenagers. Students should be told that young children rarely have AIDS and that they do not need to worry about playing with children whose parents have AIDS or with those few children with the disease. They should be reassured that scientists are working hard to find a cure.

- Children should be cautioned never to play with hypodermic syringes or needles found on playgrounds or elsewhere and to avoid contact with other people's blood.

- Questions should be answered directly and simply; responses should be limited to questions asked.

- Children should be taught assertiveness about refusing unwanted touch by others, including family members.

- Children should be told that not all people who "have sex" or "do drugs" get AIDS.

Grades Four and Five

The same approach is appropriate for this level as that used for grades K-three. Increased emphasis, however, should be placed on certain points.

- Children should be reassured that it is natural to have sexual feelings.

- Children may need help examining and affirming their own and their families' values.

- Basic information should be provided about human sexuality, disease prevention, healthy choices, functions of the body, and

the changes that occur during puberty. Teachers should not assume that children who use sexually explicit language understand what they are saying.

- Basic information should be provided about what does and does not cause AIDS.

Grades Six through 12

The primary goal at this level is to teach students to protect themselves and others from infection with HIV and other STDs.

- Students should be taught all of the information in Section B - "What Adolescents Should Know About AIDS and HIV."

- The threat of HIV infection and AIDS should be made as real as possible without overly frightening the students. Movies about or classroom visits from people with AIDS or HIV infection have helped students in some schools understand that HIV is a real threat that they must face. People with AIDS give a human face to lessons about the disease.

- Instruction should be focused on healthy behaviors rather than on the medical aspects of the disease.

- Students should be encouraged to examine and affirm their own values.

- Students should be assured that they have a right to abstain from sexual intercourse or to postpone becoming sexually active. They should be helped to develop the skills to assert this right.

- Students should rehearse making responsible decisions about sex and drug use, including responses to risky behavioral situations.

- An effective program will teach students how to evaluate reasonable and unreasonable risk while acknowledging that some types of experimentation are a healthy aspect of adolescent development.

- Teachers must not assume that all students will choose abstinence.

- Teachers must not assume that all students are sexually active.

- Students should be taught in a matter-of-fact, nonjudgmental manner how to use a condom and where to buy or obtain one. They should be encouraged to hold and unroll a condom. All students, whether or not they are sexually active, should be taught that condoms are an essential protection from HIV for all types of sexual intercourse.

- Students should be helped to recognize that affection and intimacy can be expressed in ways other than sexual intercourse.

- Students who are sexually active should be encouraged to reduce their risk of HIV infection by identifying intimate sexual activities which do not involve intercourse.

- Information about HIV should be presented along with information about other STDs and drug use.

- It is important to be honest and to provide information in a straightforward manner. Be explicit. Use simple, clear words. Explain in detail. Use examples.

- Sexual terms must be clearly defined.

- Teachers should be non-threatening and work to alleviate anxiety among students.

- Students should be given the opportunity to ask questions anonymously.

- Discussion of dating relationships can provide opportunities to teach decision-making skills. Students should be helped to think through how to make responsible decisions about sex before questions arise in a dating context.

- Teaching about AIDS and HIV is often enhanced by:

    - videos and other visual aids;

    - role plays and other participatory exercises;

    - same-sex groupings (to encourage more candid discussion) followed by sharing in a mixed-sex group (to increase comfort level in discussing sexual subjects with members of the opposite sex);

    - involvement of students in planning and teaching -- letting young people speak the message to each other whenever possible.

- HIV education should also include discussion of critical social issues raised by the epidemic, such as weighing the protection of the public health against endangering individual liberties and the impact of the HIV epidemic on the health care system.

- Teachers should help students find answers to detailed medical questions.

SECTION B .....

WHAT ADOLESCENTS SHOULD KNOW ABOUT AIDS AND HIV

Adolescents need information about AIDS and HIV that is simple and straightforward. Home and school instruction should emphasize prevention by teaching safe behaviors. Although adolescents need only minimal knowledge of the medical aspects of the disease, some of them may seek a more in-depth understanding of the virus and its manifestations. Teachers and parents should be prepared to answer their questions.

The following information should be appropriately communicated to all adolescents.

DEFINITIONS OF HIV AND AIDS

AIDS is a disease caused by infection with the human immunodeficiency virus (HIV). HIV usually weakens the immune system, making the infected person vulnerable to certain diseases that healthy people can fight off, but that can be fatal to a person with AIDS. Unlike most infections, HIV infection cannot be eliminated. The virus remains in the person's body for the rest of her or his life.

TRANSMISSION OF HIV

HIV is transmitted in three ways:

1. through infected semen and vaginal secretions -- by vaginal or anal sexual intercourse or by oral sex;

2. through infected blood -- by sharing hypodermic needles or syringes for injecting illegal drugs or by using unsterile needles or syringes for taking steroids, vitamins, antibiotics, for skin popping, piercing ears, tattooing, or any other purpose;

3. from an infected woman to her child either before or during childbirth or through breast milk.

Anyone who engages in risky behaviors with an infected person can become infected, regardless of gender, sexual orientation, age, or race.

HIV is not transmitted by casual contact such as hugging, sneezing, or sharing bathrooms.

A person does not become infected with HIV by donating blood. Several years ago, some people became infected through receiving blood transfusions. Today, however, all blood donations in the U.S. are screened and tested so that there is little risk of HIV infection through blood transfusions.

••••••• SEXUALLY TRANSMITTED DISEASES

Unprotected sexual intercourse can result in other sexually transmitted infections besides HIV. These other infections can seriously affect a person's health and are much more common than HIV infection. Most STDs can be easily treated.

•••••••••••• SPECTRUM OF HIV INFECTION

Many people infected with HIV go through long periods when they have no symptoms of disease. Since they look and feel healthy, these people may not know they are infected. They can, however, transmit the virus to others through unprotected sexual intercourse, sharing unsterile needles or syringes, or childbirth or breast-feeding.

Persons infected with HIV will develop over time symptoms of a damaged immune system. They may be only mildly ill or very sick. They may remain free from symptoms for 10 years or more.

An advanced stage of HIV infection is AIDS. Someone diagnosed with AIDS becomes sick with infections and cancers that people with healthy immune systems can fight off. People with HIV disease can also exhibit neurological problems.

•••••••••••• TESTING FOR HIV INFECTION

A blood test can determine, in almost all cases, whether or not a person has been infected with HIV. This is not a test for AIDS, but rather a test for antibodies to HIV.

Students who engage in behaviors that place them at risk for HIV infection should be advised to consider testing to determine whether they are infected. Life-prolonging treatment is now available for people in early stages of HIV disease.

Any student, however, who considers HIV antibody testing faces complex psychological and legal issues. Few test sites have counselors with experience in the special issues of adolescents at risk for HIV infection. Pretest and posttest counseling available to adults may not be adequate for adolescents.

Counseling and support services must be available to any student who considers testing. This counseling must be comprehensive; culturally specific in the student's own language; geared to the student's cognitive abilities, psychological needs, and sexual orientation; and offered in a safe environment.

Students must understand the difference between HIV infection and having AIDS, anonymous and confidential test sites, and false-negative and false-positive test results, as well as the importance of adopting risk-reduction behaviors regardless of the test results. Students must also understand that a person may not develop antibodies to HIV for six months after infection.

It is recommended that adolescents be tested in a site where ongoing follow-up medical and mental health care is available, such as an adolescent clinic, community health center, or family planning clinic. The confidentiality of an adolescent considering or moving ahead with testing should be strictly guaranteed. Although not always statutorily explicit, legal authority exists in almost all states for physicians to test mature and competent adolescents without parental consent.

Students should be referred to a source of skilled counseling on adolescent testing issues rather than referred directly for testing. Comprehensive posttest counseling and medical follow-up must also be provided, including the identification of responsible adult support.

ADOLESCENTS CAN PREVENT INFECTION WITH HIV BY:

- abstaining from or postponing becoming sexually active.
- having sexual relations only within the context of a mutually faithful relationship with an uninfected partner.
- always using latex condoms (even in combination with other forms of birth control) from erection to withdrawal of penis and for all types of intercourse. When using a condom, one should use only water-based lubricants. If used properly, latex condoms are very effective in preventing HIV transmission.
- not using intravenous drugs. Those who do should be encouraged to enter a drug treatment program. Those who continue to use drugs should never share needles or syringes, but if they do, they should be told how to sterilize their equipment. Tattoo needles and needles used for injecting vitamins, antibiotics, body-building hormones, or piercing ears should never be shared.

TREATMENT AND CURE

There is neither a cure for HIV infection nor a vaccine to prevent it. An increasing number of treatments, however, are proving effective in prolonging life and, if administered early enough, in delaying the onset of symptoms.

LOCAL TELEPHONE NUMBERS

Students should be given a local telephone number to call for additional information. Sources of AIDS and HIV information in other languages should also be provided. Some local AIDS

hotlines have Spanish-speaking staff available during certain hours. Find out what these hours are and provide this information to Spanish-speaking students. Health clinics and other community organizations serving Latino, Southeast Asian, and other non-English-speaking communities may also be able to provide HIV counseling in their languages.

NATIONAL AIDS HOTLINES

1-800-342-AIDS
AIDS information in English
24 hours a day

1-800-344-SIDA
AIDS information in Spanish
8 AM - 2 AM EST

1-800-243-7889
TTY-TDD-AIDS information
for hearing-impaired people
M-F 10 AM-10 PM EST

1-800-227-8922
National Sexually
Transmitted Diseases
Hotline

These national hotlines can provide information about state and local hotlines and AIDS services.

24

SECTION C .....

STAFF TRAINING

Staff training is a must. The following two levels of training should be provided.

25

BASIC TRAINING IN AIDS AND HIV PREVENTION FOR ALL SCHOOL STAFF

All staff (teachers, administrators, custodians, and clerical personnel) should receive basic information about AIDS and HIV. They should understand its transmission and prevention and should know where in the school and community to get more information and help.

HIV education at this level can be conducted as a one- or two-session in-service workshop. Public health departments and local AIDS service agencies can usually provide knowledgeable workshop leaders.

Each school should designate an HIV resource person. A similar HIV resource staff person should be located at the central office level of each school district.

SPECIALIZED TRAINING FOR TEACHERS OF HIV PREVENTION

All teachers and supervisory administrators who will be teaching HIV prevention education should receive more comprehensive training than that given to all school staff. When feasible, participants should be offered graduate-level credit.

Special efforts should be made to recruit and train teachers who share the same racial and cultural backgrounds as large subgroups of the student population.

There are three components of effective training to teach HIV prevention:

1. **Context**--Before staff are trained to teach a curriculum, a supportive environment for the program must be developed

26

within the community. A community public education campaign can help parents and other members of the community understand the importance of HIV prevention education. This understanding will permit teachers to be free to discuss with students the many sensitive issues raised by the HIV epidemic. (See Section D on Parental and Community Involvement.)

2. **Content** -- Training should include:

   accurate and detailed information about AIDS and HIV presented to the participants in a way that alleviates their own fears of exposure to the virus;

   an examination of the sensitive and controversial issues involved in HIV prevention; an opportunity for staff to look at their own attitudes about sexuality and AIDS and to recognize that there exists a broad range of views about sexuality; and a workshop on effective ways to address the special needs of gay and lesbian youth;

   classroom strategies and activities, including models for integrating AIDS and HIV education into comprehensive programs of school health education.

3. **Methodology** -- Teachers should be trained to instruct students in a way that humanizes the issues and helps students realize that HIV affects them. Training should enable teachers to identify (a) specific student behaviors that they want to influence and (b) skills students need to affect those behaviors. These skills concern decision making, effective communication, and assertiveness. Teachers should be further trained to provide a context in which students can practice using these skills. A good training program will give teachers practice in building the skills they in turn will teach their students.

Teachers who are uncomfortable with the subject matter should not be required to teach an HIV unit. Their confusion and discomfort inevitably will be conveyed to their students.

Teachers who agree to teach HIV units should be offered opportunities to team teach or to draw on outside resource people for support and assistance.

Family planning agencies can help identify sexuality educators to lead this training. Effective training may also involve significant participation of parents and students.

(This attachment is based, in large part, on training strategies developed by ETR Associates, Santa Cruz, CA)

28

SECTION D .....

PARENTAL

AND COMMUNITY

INVOLVEMENT

29

Parents and community leaders should be included in the development and implementation of HIV curricula. By involving them, you will:

- educate key community members about HIV and AIDS and the risks to adolescents;
- involve parents and community members in an important way in their children's education;
- develop a curriculum that considers the ethnic and cultural roots of sexual attitudes;
- build respect and a broad validation for the curriculum;
- build a solid base of supportive community members;
- give teachers the support they need to teach sensitive material in a direct manner.

Three effective means of facilitating parent and community participation are:

AN HIV EDUCATION ADVISORY COMMITTEE

An advisory committee can work with key school personnel to design a program, provide information to the community, and present the program to the local school board. The committee might include parents, religious leaders, student leaders, elected officials, and staff members of community agencies. The committee should reflect the true racial and ethnic diversity of the community. Although all members should concur on the importance of effective AIDS and HIV education, committee members should reflect a broad range of community perspectives.

While the primary mandate of the advisory committee is the timely

30

implementation of an HIV curriculum, the committee should also lay the groundwork for a planned and sequential kindergarten through grade 12 comprehensive health education program. In addition to HIV education, this program would address drug, alcohol, and tobacco use; human sexuality; injury control; sexually transmitted diseases; exercise; consumer and environmental education; and nutrition. Through such a comprehensive program, students can acquire the self-esteem and decision-making skills necessary to make healthy choices about HIV and other important life issues.

A PARENTAL COMPONENT OF THE HIV CURRICULUM

At the same time students are being taught about HIV, parents should also be educated about the disease, its transmission, and its prevention. A well-planned and publicized information night for parents is one method. A second effective strategy is a parent/student communication component built into the curriculum itself. Students are then empowered to be educators themselves, perhaps assisted by a study guide to use in teaching their parents. This approach will:

- reinforce classroom learning;
- educate parents about AIDS and HIV;
- facilitate a dialogue between students and parents about sexuality issues.

A COLLABORATIVE COMMUNITY AND SCHOOL HIV PREVENTION INITIATIVE

Pilot projects for adolescent pregnancy prevention in several communities across the country have demonstrated good results

31

when schools, churches, local media agencies, health institutions, and youth-serving community groups mount a simultaneous, organized, and complementary health education and services campaign. These outcomes indicate that school-based HIV education is more likely to affect student behavior change when it is part of a coordinated, community-wide campaign.

32

OTHER NCAS PUBLICATIONS

Guidelines for HIV and AIDS Student Support Services (1990) This booklet presents a comprehensive model for school-based, HIV-related student support services and defines the role of school counselors, school nurses, school psychologists, and school social workers in serving students infected and affected by HIV.

$4.00

Viviremos! On the Road to Healthy Living/El Camino Hacia La Salud (1991) A bilingual curriculum on AIDS and HIV prevention for migrant students, grades 6-12, that teaches the knowledge and skills young people need to avoid HIV infection. Lesson I covers the basic facts about AIDS and HIV. Lessons II-V teach decision making, problem solving, and risk assessment skills.

$12.95

Steps To Help Your School Set Up an AIDS Education Program (1988) Written for parents and community members, this concise booklet offers suggestions for helping a school set up an AIDS education program. STEPS is written on a fifth grade reading level. Available in English, Spanish, and Haitian Kreyol.

$3.00

An Nou Pale Sou SIDA (1989) This 12 minute audiotape on HIV was recorded in Kreyol for Haitian teenagers by their peers.

FREE

The Good Common School: Making the Vision Work for All Children (1991) Organized around ten basic student entitlements that public elementary schools should provide to every child, this

book offers a concrete vision of how to restructure schools to meet the needs of the nation's increasingly diverse student population.

$19.95

Barriers to Excellence: Our Children at Risk (revised 1991) This 164-page book contains recommendations for federal, state, and local changes in education policy and practice needed to prevent poor, minority, handicapped, and other "at risk" students from being left behind in the rush toward educational excellence.

$11.50

New Voices: Immigrant Students in U.S. Public Schools (1988) Final report of the two-year Immigrant Student Project of NCAS, ***New Voices*** is the first national examination of how young immigrants are faring in U.S. public schools.

$16.95

Immigrant Students: Their Legal Right of Access to Public Schools (Revised 1992) A manual for advocates and educators that reviews the laws governing immigrant students' rights of access to public schools, search and seizure, and school practices.

$12.00

Meeting the Challenge: How Communities and Schools Can Improve Education for Immigrant Students (Available 1993) This advocacy manual offers practical guidance to help communities, organizations, and concerned educators support the academic and social success of young immigrants.

Special bulk rates available.

National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, MA 02116-4610